

County: Manitowoc  
ST. MARY'S HOME/AGED  
2005 DIVISION STREET

Facility ID: 8460

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MANITOWOC 54220 Phone: (920) 684-7171  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 230  
Total Licensed Bed Capacity (12/31/01): 255  
Number of Residents on 12/31/01: 221

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 224

Nonprofit Church/Corporation  
Skilled  
No  
Yes  
Yes  
224

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No					1 - 4 Years	29.0		
Supp. Home Care-Personal Care	No					More Than 4 Years	39.8		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2		31.2		
Day Services	No	Mental Illness (Org./Psy)	31.2	65 - 74	6.3		-----		
Respite Care	Yes	Mental Illness (Other)	7.7	75 - 84	29.4		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.3	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.8	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.4		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	5.9		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	16.7	65 & Over	96.8	-----			
Transportation	No	Cerebrovascular	4.5		-----	RNs	4.0		
Referral Service	No	Diabetes	3.2	Sex	%	LPNs	7.8		
Other Services	No	Respiratory	5.4		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	24.0	Male	23.1	Aides, & Orderlies			
Mentally Ill	No		-----	Female	76.9				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

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#### Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care					Total	%	
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Resi - dents	Of All
Int. Skilled Care	10	100.0	314	2	1.5	119	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	5.4
Skilled Care	0	0.0	0	114	83.2	102	0	0.0	0	72	97.3	135	0	0.0	0	0	0.0	0	186	84.2
Intermediate	---	---	---	21	15.3	85	0	0.0	0	2	2.7	125	0	0.0	0	0	0.0	0	23	10.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		137	100.0		0	0.0		74	100.0		0	0.0		0	0.0		221	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	9.4	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	74.7	25.3	221
Other Nursing Homes	1.3	Dressing	14.0	68.3	17.6	221
Acute Care Hospitals	79.2	Transferring	26.7	52.5	20.8	221
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	19.5	53.8	26.7	221
Rehabilitation Hospitals	0.0	Eating	67.4	17.6	14.9	221
Other Locations	10.1	*****				
Total Number of Admissions	159	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.6	Receiving Respiratory Care	14.5	
Private Home/No Home Health	16.7	Occ/Freq. Incontinent of Bladder	55.2	Receiving Tracheostomy Care	0.9	
Private Home/With Home Health	16.1	Occ/Freq. Incontinent of Bowel	36.7	Receiving Suctioning	0.5	
Other Nursing Homes	2.4			Receiving Ostomy Care	1.8	
Acute Care Hospitals	11.3	Mobility		Receiving Tube Feeding	4.1	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	7.7	Receiving Mechanically Altered Diets	28.5	
Rehabilitation Hospitals	0.0					
Other Locations	12.5	Skin Care		Other Resident Characteristics		
Deaths	41.1	With Pressure Sores	2.7	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	16.3	Medications		
(Including Deaths)	168			Receiving Psychoactive Drugs	48.4	

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 200+ Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	87.8	92.7 0.95	87.6 1.00	85.8 1.02	84.6 1.04
Current Residents from In-County	87.3	74.5 1.17	48.5 1.80	69.4 1.26	77.0 1.13
Admissions from In-County, Still Residing	38.4	27.9 1.37	24.3 1.58	23.1 1.66	20.8 1.84
Admissions/Average Daily Census	71.0	95.2 0.75	57.7 1.23	105.6 0.67	128.9 0.55
Discharges/Average Daily Census	75.0	95.2 0.79	59.8 1.25	105.9 0.71	130.0 0.58
Discharges To Private Residence/Average Daily Census	24.6	31.4 0.78	18.7 1.31	38.5 0.64	52.8 0.47
Residents Receiving Skilled Care	89.6	91.4 0.98	82.7 1.08	89.9 1.00	85.3 1.05
Residents Aged 65 and Older	96.8	97.3 0.99	89.9 1.08	93.3 1.04	87.5 1.11
Title 19 (Medicaid) Funded Residents	62.0	64.2 0.97	79.2 0.78	69.9 0.89	68.7 0.90
Private Pay Funded Residents	33.5	29.6 1.13	16.5 2.02	22.2 1.51	22.0 1.52
Developmentally Disabled Residents	0.0	0.7 0.00	0.5 0.00	0.8 0.00	7.6 0.00
Mentally Ill Residents	38.9	36.0 1.08	39.8 0.98	38.5 1.01	33.8 1.15
General Medical Service Residents	24.0	21.3 1.12	21.5 1.12	21.2 1.13	19.4 1.24
Impaired ADL (Mean)	48.0	49.0 0.98	40.7 1.18	46.4 1.03	49.3 0.97
Psychological Problems	48.4	50.2 0.96	58.0 0.83	52.6 0.92	51.9 0.93
Nursing Care Required (Mean)	8.7	7.5 1.15	8.5 1.02	7.4 1.16	7.3 1.18